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ATTN: Examiner Chris Chu
Art Unit 2874
FAX: 571-273-8300

Re: Appl. # 10/669,130

FROM: Nadya Reingand
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PTO/SB/21 (09-08)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/669,130
	Filing Date	9-22-2003
	First Named Inventor	Shpanzter
	Art Unit	2874
	Examiner Name	Chu, Chris
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Celight, Inc.		
Signature	<i>[Signature]</i>		
Printed name	Nadya Reingand		
Date	9/26/2006	Reg. No.	

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INDICATION FORM**

Application Number	10/669,130
Filing Date	9-22-2003
First Named Inventor	Shpanizer
Title	
Art Unit	2874
Examiner Name	Chu, Chris
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Nadya Reingand		
Address	Celight, Inc. 12200 Tech Rd.		
City	Silver Spring	State	MD Zip 20904
Country			
Telephone	301-6257000	Email	nreingand@celight.com

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Nadya Reingand</i>	Date	9/25/2005
Name	Nadya Reingand	Telephone	943-474-7797
Title and Company	IP Director		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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